

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1956

22514  
State File No. 25  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 4485		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Kelso Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Paragould</u>		d. STREET ADDRESS (If rural, give location) <u>1000 Main St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3/4 M. East of Illinois</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 17, 1956</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MELVIN</u>		b. (Middle) <u>RUDOLPH</u>		c. (Last) <u>WOGMAN</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Don't Know</u>		9. AGE (in years last birthday) <u>803</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Paragould Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willis Wogman</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Daily</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Don't Know</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willis Wogman</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Amputation of left arm and Left leg by train</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>35</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4 mi. E. of Illinois</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kelso Township 100 Scott Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 17, 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Apparently fell from train and was run over.</u>			
22. I hereby certify that I attended the deceased from <u>First call</u> after death, 19 <u>56</u> , that I last saw the deceased alive on <u>7</u> , 19 <u>56</u> , and that death occurred at <u>7</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thelma C. Buchthorn, M.D. Health Officer</u>				23b. ADDRESS <u>Benton Mo</u>		23c. DATE SIGNED <u>6-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harvey's Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Paragould Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>7-9-56</u>		REGISTRAR'S SIGNATURE <u>Mrs Paul Bragley Lutz</u>		GENERAL DIRECTOR'S SIGNATURE <u>Bragley Lutz</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

445

DATE RECEIVED JUL 11 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 736-149

9561 78 707

9561 28 838

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Oliver P. Amant*

Signed.....

Student Embalmer

Licensed Embalmer No. 1470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.